

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 60

For Official Use Only

Statement covers period

from 07/01/2020

through 09/19/2020

Date of election if applicable:
(Month, Day, Year)

06/02/2020

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☒ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1385379

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
EFREN MARTINEZ FOR ASSEMBLY 2020

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LONG BEACH</u>	<u>CA</u>	<u>90802</u>	<u>(213)489-4792</u>

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

213-489-4818 / dl Gould@gouldorellana.com

Treasurer(s)

NAME OF TREASURER
DAVID L. GOULD

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LONG BEACH</u>	<u>CA</u>	<u>90802</u>	<u>213-489-4792</u>

NAME OF ASSISTANT TREASURER, IF ANY
INGRID ORELLANA

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>LONG BEACH</u>	<u>CA</u>	<u>90802</u>	<u>213-489-4792</u>

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/24/2020 By DAVID L. GOULD
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 09/24/2020 By EFREN MARTINEZ
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 60

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

EFREN MARTINEZ

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sought: State Assembly Person

Assembly District

59

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

LONG BEACH CA 90802

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 3 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$64,416.85	\$202,943.74
2. Loans Received	Schedule B, Line 7	\$50,000.00	\$390,999.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$114,416.85	\$593,942.74
4. Nonmonetary Contributions	Schedule C, Line 3	\$3,000.00	\$9,331.03
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$117,416.85	\$603,273.77

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$.00	\$.00
21. Expenditures Made	\$.00	\$.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$171,692.11	\$523,672.41
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$171,692.11	\$523,672.41
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$19,223.69	\$54,910.84
10. Nonmonetary Adjustment	Schedule C, Line 3	\$3,000.00	\$9,331.03
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$193,915.80	\$587,914.28

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$159,242.98	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$114,416.85	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$171,692.11	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$101,967.72	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$445,909.84

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 4 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. Number 1385379

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/3/2020	Picena Entertainment Usa LLC Los Angeles, CA 90065	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$26.70	\$133.50	2020G: \$133.50
7/7/2020	Meruelo Enterprises, Inc. Downey, CA 90241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	2020G: \$1,000.00
7/10/2020	Certified Roofing Applicators, Inc. Norwalk, CA 90650	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$3,000.00	2020G: \$3,000.00
7/10/2020	Manuel Nava Long Beach, CA 90808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lausd Administrator	\$100.00	\$100.00	2020G: \$100.00
7/11/2020	Jessica Moreno Montebello, CA 90640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WSCD Substitute Teacher	\$10.99	\$496.99	2020G: \$496.99

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$64,149.47
2. Amount received this period - unitemized contributions of less than \$100	\$267.38
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$64,416.85

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 5 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. Number 1385379

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/14/2020	Robert Apodaca Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zezen Alliance Public Affairs	\$524.08	\$524.08	2020G: \$524.08
7/14/2020	Jessica Moreno Montebello, CA 90640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WSCD Substitute Teacher	\$486.00	\$496.99	2020G: \$496.99
7/14/2020	Picena Entertainment Usa LLC Los Angeles, CA 90065	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$26.70	\$133.50	2020G: \$133.50
7/25/2020	Wilfred Gibbons Lakewood, CA 90715	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Media Department Media/Advertising Manager	\$105.24	\$315.72	2020G: \$315.72
7/28/2020	Raul Echemendia Downey, CA 90240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed Investor	\$500.00	\$500.00	2020G: \$500.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 6 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. Number 1385379

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7/30/2020	California Financial Services Association PAC Sacramento, CA 95821 Committee ID: 881022	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,500.00	\$1,500.00	2020G: \$1,500.00
8/10/2020	Zohair Oweis Irvine, CA 92614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lan Wan Enterprise Inc President	\$3,000.00	\$7,700.00	2020P: \$3,000.00 2020G: \$4,700.00
8/12/2020	Mel House Los Angeles, CA 91326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAUSD Teacher	\$100.00	\$200.00	2020P: \$100.00 2020G: \$100.00
8/24/2020	Bonnie Engle Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$2,094.76	\$2,094.76	2020G: \$2,094.76
8/25/2020	Wilfred Gibbons Lakewood, CA 90715	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Media Department Media/Advertising Manager	\$105.24	\$315.72	2020G: \$315.72
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>07/01/2020</u>		CALIFORNIA FORM 460
through <u>09/19/2020</u>		
		Page <u>7</u> of <u>60</u>
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. Number 1385379

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/26/2020	Jason Engle Los Angeles, CA 90064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired Retired	\$2,094.76	\$2,094.76	2020G: \$2,094.76
8/26/2020	Leonardo's Real Estate Inv. Los Angeles, CA 90007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020G: \$4,700.00
8/26/2020	Leonardo's Restaurant Los Angeles, CA 90007	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020P: \$4,700.00 2020G: \$4,700.00
8/31/2020	CALIFORNIA CORRECTIONAL PEACE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE Sacramento, CA 95814 Committee ID: 830349	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$9,400.00	2020P: \$4,700.00 2020G: \$4,700.00
8/31/2020	CALIFORNIA CORRECTIONAL PEACE OFFICERS ASSOCIATION POLITICAL ACTION COMMITTEE Sacramento, CA 95814 Committee ID: 830349	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$9,400.00	2020P: \$4,700.00 2020G: \$4,700.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from 07/01/2020		CALIFORNIA FORM 460
through 09/19/2020		
Page 8 of 60		I.D. Number 1385379

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/31/2020	Infrastructure Architects, Inc. Anaheim, CA 92805	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$9,400.00	2020P: \$4,700.00 2020G: \$4,700.00
9/4/2020	Karina Macias for Huntington Park City Council 2017 Long Beach, CA 90802 Committee ID: 1379451	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,600.00	\$4,600.00	2020P: \$1,000.00 2020G: \$4,600.00
9/8/2020	California Professional Association of Specialty Contractors PAC Sacramento, CA 95814 Committee ID: 1263100	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2020G: \$2,000.00
9/8/2020	JERRY HILL FOR ASSEMBLY 2024 Sacramento, CA 95814 Committee ID: 1423162	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$4,700.00	2020G: \$4,700.00
9/11/2020	Edvoice For The Kids PAC Sacramento, CA 95814 Committee ID: 1243091	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$9,400.00	2020P: \$4,700.00 2020G: \$4,700.00
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 9 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. Number 1385379

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/11/2020	Edvoice For The Kids PAC Sacramento, CA 95814 Committee ID: 1243091	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$4,700.00	\$9,400.00	2020P: \$4,700.00 2020G: \$4,700.00
9/15/2020	Construction Employers' Assn PAC Sacramento, CA 95821 Committee ID: 990629	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	
9/18/2020	Peace Officers Research Association of California PAC Sacramento, CA 95834 Committee ID: 810830	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$4,600.00	\$18,600.00	2020P: \$9,300.00 2020G: \$9,300.00
9/18/2020	Dolores Sanchez Sacramento, CA 95819	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$175.00	\$175.00	2020G: \$175.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$64,149.47		

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Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Efren Martinez Long Beach, CA 90802 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy Advisor Unified Consulting Services	\$4,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$4,000.00 DATE DUE	% RATE	\$4,000.00 6/30/2016 DATE INCURRED	CALENDAR YEAR \$112,000.00 PER ELECTION** 2020P: \$278,999.00 2020G: \$112,000.00
Efren Martinez Long Beach, CA 90802 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy Advisor Unified Consulting Services	\$6,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$6,000.00 DATE DUE	% RATE	\$6,000.00 6/30/2016 DATE INCURRED	CALENDAR YEAR \$112,000.00 PER ELECTION** 2020P: \$278,999.00 2020G: \$112,000.00
Efren Martinez Long Beach, CA 90802 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy Advisor Unified Consulting Services	\$2,500.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$2,500.00 DATE DUE	% RATE	\$2,500.00 6/30/2016 DATE INCURRED	CALENDAR YEAR \$112,000.00 PER ELECTION** 2020P: \$278,999.00 2020G: \$112,000.00

SUBTOTALS

Schedule B Summary

1. Loans received this period. \$50,000.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \$0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) **Net** \$50,000.00
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
Page 11 of 60	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Efren Martinez Long Beach, CA 90802 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy Advisor Unified Consulting Services	\$1,500.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$1,500.00 DATE DUE	% RATE	\$1,500.00 6/30/2016 DATE INCURRED	CALENDAR YEAR \$112,000.00 PER ELECTION** 2020P: \$278,999.00 2020G: \$112,000.00
Efren Martinez Long Beach, CA 90802 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy Advisor Unified Consulting Services	\$4,999.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$4,999.00 DATE DUE	% RATE	\$4,999.00 8/26/2019 DATE INCURRED	CALENDAR YEAR \$112,000.00 PER ELECTION** 2020P: \$278,999.00 2020G: \$112,000.00
Efren Martinez Long Beach, CA 90802 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy Advisor Unified Consulting Services	\$260,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$260,000.00 DATE DUE	% RATE	\$260,000.00 11/26/2019 DATE INCURRED	CALENDAR YEAR \$112,000.00 PER ELECTION** 2020P: \$278,999.00 2020G: \$112,000.00

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
Page 12 of 60	I.D. NUMBER 1385379

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Efren Martinez Long Beach, CA 90802 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy Advisor Unified Consulting Services	\$10,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$10,000.00 DATE DUE	% RATE	\$10,000.00 5/11/2020 DATE INCURRED	CALENDAR YEAR \$112,000.00 PER ELECTION** 2020P: \$278,999.00 2020G: \$112,000.00
Efren Martinez Long Beach, CA 90802 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy Advisor Unified Consulting Services	\$25,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$25,000.00 6/3/2021 DATE DUE	% RATE	\$25,000.00 6/3/2020 DATE INCURRED	CALENDAR YEAR \$112,000.00 PER ELECTION** 2020P: \$278,999.00 2020G: \$112,000.00
Efren Martinez Long Beach, CA 90802 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy Advisor Unified Consulting Services	\$25,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$25,000.00 6/30/2021 DATE DUE	% RATE	\$25,000.00 6/30/2020 DATE INCURRED	CALENDAR YEAR \$112,000.00 PER ELECTION** 2020P: \$278,999.00 2020G: \$112,000.00

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Efren Martinez Long Beach, CA 90802 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy Advisor Unified Consulting Services	\$2,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$2,000.00 DATE DUE	 RATE % 	\$2,000.00 6/30/2020 DATE INCURRED	CALENDAR YEAR \$112,000.00 PER ELECTION** 2020P: \$278,999.00 2020G: \$112,000.00
Efren Martinez Long Beach, CA 90802 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Policy Advisor Unified Consulting Services		\$50,000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$50,000.00 DATE DUE	 RATE % 	\$50,000.00 9/19/2020 DATE INCURRED	CALENDAR YEAR \$112,000.00 PER ELECTION** 2020P: \$278,999.00 2020G: \$112,000.00
 <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	 DATE DUE	 RATE % 	 DATE INCURRED	CALENDAR YEAR PER ELECTION**
SUBTOTALS						\$50,000.00	\$390,999.00	

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>07/01/2020</u> through <u>09/19/2020</u>	CALIFORNIA FORM 460
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I.D. Number 1385379	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/2020	Christian Zarate Whittier, CA 90605 Memo Reference: NON642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Realty World	IN KIND-BACKPACKS	\$1,800.00	\$4,000.00	2020G: \$3,000.00 2020P: \$1,000.00
9/18/2020	Christian Zarate Whittier, CA 90605 Memo Reference: NON643	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Realty World	IN KIND-WHITE CLOTH MASKS	\$1,200.00	\$4,000.00	2020G: \$3,000.00 2020P: \$1,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$3,000.00

Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.).....	\$3,000.00
2. Amount received this period - unitemized nonmonetary contributions of less than \$100	\$0.00
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	TOTAL \$3,000.00

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	07/01/2020	CALIFORNIA FORM 460	
through	09/19/2020	Page 16 of 60	
		I.D. NUMBER 1385379	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
- Unitemized contributions and independent expenditures made this period of under \$100
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 07/01/2020 through 09/19/2020	CALIFORNIA FORM 460 Page 17 of 60 I.D. NUMBER 1385379
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ford Printing & Mailing Inc Irwindale, CA 91706	POS			\$15,251.54
CampaignLA Gardena, CA 90802	LIT	Signs		\$2,500.00
CampaignLA Gardena, CA 90802	LIT	Signs		\$2,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$171,682.34
2. Unitemized payments made this period of under \$100.	\$9.77
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$171,692.11

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 18 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Inner City Visions Los Angeles, CA 90001	CVC		Food Project-7 Weeks \$100ea	\$700.00
Gould & Orellana, LLC Long Beach, CA 90802	PRO		Prof Servs thru 7/31/20	\$1,000.00
Political Data Inc. Norwalk, CA 90650	CMP		Unlimited Field and Mail Data	\$1,900.00
Sandi Dip Cleaners, Inc. Westminster, CA 92683	CMP		July 2020 Rent	\$2,000.00
EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card Donations Processing Fee	\$555.70

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 19 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card Donations Processing Fee	\$303.00
EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card Donations Processing Fee	\$858.09
Xiomara Alfaro Los Angeles, CA 90016	SAL		Ind. Cont. Fee	\$930.00
Maria Del Carmen Alonso Los Angeles, CA 90037	SAL		Ind. Cont. Fee	\$930.00
Beatriz Rodriguez Santa Ana, CA 92701	SAL		Ind. Cont. Fee	\$930.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 20 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ana Reyes Santa Ana, CA 92706	SAL		Ind. Cont. Fee	\$930.00
Henry Ortiz Asuza, CA 91302	SAL		Ind. Cont. Fee	\$1,005.00
Arturo Flores Los Angeles, CA 90044	SAL		Ind. Cont. Fee	\$750.00
Focus Media Group, Inc. Fullerton, CA 92833	LIT		Bus Bench Advertising	\$5,480.00
EDUCATE YOUR VOTE Encino, CA 91436	LIT			\$2,180.00
Committee ID: 1345655				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 21 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MGA Los Angeles, CA 90047	CNS		Campaign Consulting Services	\$1,000.00
MELISSA HEBERT DBA CHRYSALIS STRATEGIES GROUP Inglewood, CA 90305	WEB		Web Services	\$1,000.00
Arturo Flores Los Angeles, CA 90044	OFC		Reimb for Expenses	\$240.00
Xiomara Alfaro Los Angeles, CA 90016	SAL		Ind. Cont. Fee	\$930.00
Maria Del Carmen Alonso Los Angeles, CA 90037	SAL		Ind. Cont. Fee	\$930.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through 09/19/2020		Page 22 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Beatriz Rodriguez Santa Ana, CA 92701	SAL		Ind. Cont. Fee.	\$855.00
Ana Reyes Santa Ana, CA 92706	SAL		Ind. Cont. Fee	\$855.00
Henry Ortiz Asuza, CA 91302	SAL		Ind. Cont. Fee	\$772.50
Omar Quinonez Los Angeles, CA 90001	SAL		Ind. Cont. Fee.	\$225.00
Gould & Orellana, LLC Long Beach, CA 90802	PRO		Prof Servs thru 8/31/20	\$1,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through 09/19/2020		Page 23 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

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NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data Inc. Norwalk, CA 90650	CMP		Unlitted Field and Mail Data	\$1,900.00
Sandi Dip Cleaners, Inc. Westminster, CA 92683	CMP		August 2020 Rent	\$2,000.00
Xiomara Alfaro Los Angeles, CA 90016	SAL		Ind. Cont. Fee	\$930.00
Maria Del Carmen Alonso Los Angeles, CA 90037	SAL		Ind. Cont. Fee.	\$930.00
Henry Ortiz Asuza, CA 91302	SAL		Ind. Cont. Fee.	\$1,140.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
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NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

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NAME OF FILER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Omar Quinonez Los Angeles, CA 90001	SAL		Ind. Cont. Fee.	\$525.00
Beatriz Rodriguez Santa Ana, CA 92701	SAL		Ind. Cont. Fee.	\$930.00
Ana Reyes Santa Ana, CA 92706	SAL		Ind. Cont. Fee.	\$930.00
Luis Flores Downey, CA 90242	SAL		Ind. Cont. Fee.	\$465.00
Maria Chavez Bell Gardens, CA 90201	SAL		Ind. Cont. Fee	\$465.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
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NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Susana Espinosa Maywood, CA 90270	SAL		Ind. Cont. Fee	\$465.00
Leticia Rodriguez Bell Gardens, CA 90201	SAL		Ind. Cont. Fee.	\$465.00
Flor Elenes Santa Ana, CA 92701	SAL		Ind. Cont. Fee.	\$465.00
Martha Escobedo Los Angeles, CA 90001	SAL		Ind. Cont. Fee.	\$465.00
Esmeralda Castillo Huntington Park, CA 90255	SAL		Ind. Cont. Fee.	\$465.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
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NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Registrar-Recorder/County Clerk Norwalk, CA 90650	FIL		Candidate Statement Fee	\$4,349.30
EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card donations Processing fee	\$135.50
Xiomara Alfaro Los Angeles, CA 90016	SAL		Ind. Cont. Fee 8-3-8/17/20	\$930.00
Maria Del Carmen Alonso Los Angeles, CA 90037	SAL		Ind. Cont. Fee 8-3-8/17/20	\$930.00
Henry Ortiz Asuza, CA 91302	SAL		Ind. Cont. Fee 8-3-8/17/20	\$1,087.50

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

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Omar Quinonez Los Angeles, CA 90001	SAL		Ind. Cont. Fee 8-3-8/17/20	\$1,072.50
Beatriz Rodriguez Santa Ana, CA 92701	SAL		Ind. Cont. Fee 8-3-8/17/20	\$930.00
Ana Reyes Santa Ana, CA 92706	SAL		Ind. Cont. Fee 8-3-8/17/20	\$930.00
Luis Flores Downey, CA 90242	SAL		Ind. Cont. Fee 8-3-8/17/20	\$930.00
Maria Chavez Bell Gardens, CA 90201	SAL		Ind. Cont. Fee 8-3-8/17/20	\$930.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through	09/19/2020	Page 28 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

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NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

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Susana Espinosa Maywood, CA 90270	SAL		Ind. Cont. Fee 8-3-8/17/20	\$930.00
Leticia Rodriguez Bell Gardens, CA 90201	SAL		Ind. Cont. Fee 8-3-8/17/20	\$855.00
Flor Elenes Santa Ana, CA 92701	SAL		Ind. Cont. Fee 8-3-8/17/20	\$930.00
Martha Escobedo Los Angeles, CA 90001	SAL		Ind. Cont. Fee 8-3-8/17/20	\$930.00
Esmeralda Castillo Huntington Park, CA 90255	SAL		Ind. Cont. Fee 8-3-8/17/20	\$1,020.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
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NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Arturo Flores Los Angeles, CA 90044	SAL		Ind. Cont. Fee 8-3-8/17/20	\$1,500.00
Billy Valdivia Huntington Park, CA 90255	SAL		Ind. Cont. Fee 8-3-8/17/20	\$500.00
MELISSA HEBERT DBA CHRYSALIS STRATEGIES GROUP Inglewood, CA 90305	WEB		Web Services	\$1,000.00
MGA Los Angeles, CA 90047	CNS		Campaign Consulting Services August 2020	\$1,000.00
CampaignLA Gardena, CA 90248	LIT		Signs & Wire Frames	\$2,800.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
from	07/01/2020	
through 09/19/2020		Page 30 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

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Valencia Marketing Whittier, CA 90605	LIT		Design & Layout of mailer	\$9,050.00
The Charters Mailing Group Inc Signal Hill, CA 90755	POS		Postage for Mailer-Warning Drop #1	\$12,871.46
EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card donations Processing fee	\$5.00
EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card donations Processing fee	\$0.99
EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card donations Processing fee	\$50.90

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
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NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

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EFREN MARTINEZ FOR ASSEMBLY 2020

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EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card donations Processing fee	\$1.70
EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card donations Processing fee	\$5.24
EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card donations Processing fee	\$23.00
EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card donations Processing fee	\$2.88
EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card donations Processing fee	\$45.50

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
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EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card donations Processing fee	\$5.00
EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card donations Processing fee	\$97.64
Focus Media Group, Inc. Fullerton, CA 92833	PRT		Bus Bench Advertising	\$2,320.00
Freeman Public Affairs, Inc. Torrance, CA 90501	CNS		Consulting Services	\$5,000.00
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP		Credit Card Charges	\$712.22

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Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP		Credit Card Charges	\$200.74
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP		Credit Card Charges	\$1,258.30
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP		Credit card Charges	\$828.74
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP		Credit card Charges	\$3,000.00
Sandi Dip Cleaners, Inc. Westminster, CA 92683	CMP		September 2020 Rent	\$2,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 07/01/2020 through 09/19/2020		CALIFORNIA FORM 460 Page 34 of 60
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EFREN MARTINEZ FOR ASSEMBLY 2020

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gould & Orellana, LLC Long Beach, CA 90802	PRO		Professional Services (Monthly Fee @ \$1000 for September 2020)	\$1,000.00
Xiomara Alfaro Los Angeles, CA 90016	SAL		Ind. Cont. Fee. 8/18-8/31/20	\$930.00
Maria Del Carmen Alonso Los Angeles, CA 90037	SAL		Ind. Cont. Fee. 8/18-8/31/20	\$930.00
Henry Ortiz Asuza, CA 91302	SAL		Ind. Cont. Fee. 8/18-8/31/20	\$1,117.50
Omar Quinonez Los Angeles, CA 90001	SAL		Ind. Cont. Fee. 8/18-8/31/20	\$1,147.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 35 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

SEE INSTRUCTIONS ON REVERSE

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Beatriz Rodriguez Santa Ana, CA 92701	SAL		Ind. Cont. Fee. 8/18-8/31/20	\$930.00
Ana Reyes Santa Ana, CA 92706	SAL		Ind. Cont. Fee. 8/18-8/31/20	\$930.00
Luis Flores Downey, CA 90242	SAL		Ind. Cont. Fee. 8/18-8/31/20	\$855.00
Maria Chavez Bell Gardens, CA 90201	SAL		Ind. Cont. Fee. 8/18-8/31/20	\$315.00
Susana Espinosa Maywood, CA 90270	SAL		Ind. Cont. Fee. 8/18-8/31/20	\$930.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 36 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Leticia Rodriguez Bell Gardens, CA 90201	SAL		Ind. Cont. Fee. 8/18-8/31/20	\$930.00
Flor Elenes Santa Ana, CA 92701	SAL		Ind. Cont. Fee. 8/18-8/31/20	\$930.00
Martha Escobedo Los Angeles, CA 90001	SAL		Ind. Cont. Fee. 8/18-8/31/20	\$930.00
Esmeralda Castillo Huntington Park, CA 90255	SAL		Ind. Cont. Fee. 8/18-8/31/20	\$975.00
Arturo Flores Los Angeles, CA 90044	SAL		Ind. Cont. Fee. 8/18-8/31/20	\$1,500.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 37 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

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NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Billy Valdivia Huntington Park, CA 90255	SAL		Ind. Cont. Fee. 8/18-8/31/20	\$250.00
CampaignLA Gardena, CA 90248	LIT		Signs & Wire Frames	\$2,800.00
American Union Printing Santa Ana, CA 92705	LIT			\$8,071.40
Political Data Inc. Norwalk, CA 90650	CMP		Unliitted Field and Mail Data	\$1,900.00
Xiomara Alfaro Los Angeles, CA 90016	SAL		Ind. Cont. Fee. 9/2-9/14/20	\$930.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 38 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Maria Del Carmen Alonso Los Angeles, CA 90037	SAL		Ind. Cont. Fee. 9/2-9/14/20	\$930.00
Henry Ortiz Asuza, CA 91302	SAL		Ind. Cont. Fee. 9/2-9/14/20	\$1,087.50
Omar Quinonez Los Angeles, CA 90001	SAL		Ind. Cont. Fee. 9/2-9/14/20	\$641.25
Beatriz Rodriguez Santa Ana, CA 92701	SAL		Ind. Cont. Fee. 9/2-9/14/20	\$855.00
Ana Reyes Santa Ana, CA 92706	SAL		Ind. Cont. Fee. 9/2-9/14/20	\$855.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 39 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

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NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

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Luis Flores Downey, CA 90242	SAL		Ind. Cont. Fee. 9/2-9/14/20	\$930.00
Maria Chavez Bell Gardens, CA 90201	SAL		Ind. Cont. Fee. 9/2-9/14/20	\$480.00
Susana Espinosa Maywood, CA 90270	SAL		Ind. Cont. Fee. 9/2-9/14/20	\$930.00
Leticia Rodriguez Bell Gardens, CA 90201	SAL		Ind. Cont. Fee. 9/2-9/14/20	\$930.00
Flor Elenes Santa Ana, CA 92701	SAL		Ind. Cont. Fee. 9/2-9/14/20	\$855.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 40 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Martha Escobedo Los Angeles, CA 90001	SAL		Ind. Cont. Fee. 9/2-9/14/20	\$930.00
Esmeralda Castillo Huntington Park, CA 90255	SAL		Ind. Cont. Fee. 9/2-9/14/20	\$960.00
Rogelio Banderas Huntington Park, CA 90255	SAL		Ind. Cont. Fee. 9/2-9/14/20	\$157.50
Arturo Flores Los Angeles, CA 90044	SAL		Ind. Cont. Fee. 9/2-9/14/20	\$2,000.00
EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card donations Processing fee	\$5.24

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 41 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

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NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

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EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card donations Processing fee	\$94.76
EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card donations Processing fee	\$1.75
EFundraising Connections Sacramento, CA 95816-3783	CMP		Credit Card donations Processing fee	\$424.00
USAA Credit Card San Antonio, TX 73288-0570	CMP		Credit Card Charges	\$94.00
USAA Credit Card San Antonio, TX 73288-0570	CMP		Credit Card Charges	\$1,000.00

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 07/01/2020		
through 09/19/2020		Page 42 of 60
NAME OF FILER EFREN MARTINEZ FOR ASSEMBLY 2020		I.D. NUMBER 1385379

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP		Credit card Charges	\$2,000.00
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP		Credit card Charges	\$563.80
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP		Credit Card Charges	\$3,140.22
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP		Credit Card Charges	\$1,295.98

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SUBTOTAL \$171,682.34

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
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SCHEDULE F

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP Credit Card Charges	\$712.22	\$0.00	\$712.22	\$0.00
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP Credit Card Charges	\$200.74	\$0.00	\$200.74	\$0.00
MELISSA HEBERT DBA CHRYSALIS STRATEGIES GROUP Inglewood, CA 90305	WEB Web Services	\$0.00	\$2,000.00	\$0.00	\$2,000.00

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SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$32,223.69
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$13,000.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$19,223.69
May be a negative number.

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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SCHEDULE F (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

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NAME OF FILER
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP Credit Card Charges	\$1,258.30	\$0.00	\$1,258.30	\$0.00
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP Credit card Charges	\$6,392.54	\$0.00	\$6,392.54	\$0.00
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP Credit Card Charges	\$3,140.22	\$0.00	\$3,140.22	\$0.00
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP Credit Card Charges	\$6,515.12	\$0.00	\$1,295.98	\$5,219.14

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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SCHEDULE F (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP Credit Card Charges	\$9,068.01	\$0.00	\$0.00	\$9,068.01
Efren Martinez Long Beach, CA 90802	FIL Candidate Statement Fee	\$8,400.00	\$0.00	\$0.00	\$8,400.00
Efren Martinez Long Beach, CA 90802	FIL Candidate Statement Fee	\$0.00	\$9,400.00	\$0.00	\$9,400.00
Arturo Flores Los Angeles, CA 90044	OFC Out of Pocket-Ice Cream	\$0.00	\$350.00	\$0.00	\$350.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM **460**

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NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Focus Media Group, Inc. Fullerton, CA 92833	PRT Bus Bench Advertising	\$0.00	\$2,320.00	\$0.00	\$2,320.00
USAA Credit Card San Antonio, TX 73288-0570	CMP Credit Card Charges	\$0.00	\$8,813.92	\$0.00	\$8,813.92
USAA Credit Card San Antonio, TX 73288-0570	CMP Credit Card Charges	\$0.00	\$899.83	\$0.00	\$899.83
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP Credit Card Charges	\$0.00	\$4,021.11	\$0.00	\$4,021.11

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 07/01/2020
through 09/19/2020

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NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP Credit Card Charges	\$0.00	\$1,349.32	\$0.00	\$1,349.32
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP Credit Card Charges	\$0.00	\$2,226.90	\$0.00	\$2,226.90
Best Buy Credit Services Phoenix, AZ 85062-8009	CMP Credit Card Charges	\$0.00	\$842.61	\$0.00	\$842.61
SUBTOTALS		\$35,687.15	\$32,223.69	\$13,000.00	\$54,910.84

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 07/01/2020
through 09/19/2020

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Best Buy Credit Services

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Campaign Ad Cloud Indianapolis, IN 46225	LIT			\$966.33
Campaign Ad Cloud Indianapolis, IN 46225	LIT			\$966.33
Costco Lakewood, CA 90712	CMP			\$815.32
Facebook Menlo Park, CA 94025	WEB			\$305.46

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3053.44

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Best Buy Credit Services

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook Menlo Park, CA 94025	WEB			\$688.25
Facebook Menlo Park, CA 94025	WEB			\$900.00
Spectrum Riverview, FL 33578-8652	CMP			\$280.55
Facebook Menlo Park, CA 94025	WEB			\$100.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1968.80

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Best Buy Credit Services

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Spectrum Riverview, FL 33578-8652	CMP			\$445.55
Spectrum Riverview, FL 33578-8652	CMP			\$445.55
Pixel Box Graphics LLC Los Angeles, CA 90058	LIT			\$273.75
Mailchimp Atlanta, CA 30308	WEB			\$299.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1463.85

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 07/01/2020
through 09/19/2020

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FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Best Buy Credit Services

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Facebook Menlo Park, CA 94025	WEB			\$369.93

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$369.93

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Ford Printing & Mailing Inc

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster Long Beach, CA 90809	POS			\$12,738.54

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$12738.54

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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SCHEDULE G

Statement covers period
from 07/01/2020
through 09/19/2020

CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Efren Martinez

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Registrar-Recorder/County Clerk Norwalk, CA 90650	FIL			\$9,400.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$9400.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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SCHEDULE G

Statement covers period
from 07/01/2020
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

NAME OF AGENT OR INDEPENDENT CONTRACTOR
The Charters Mailing Group Inc

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster Long Beach, CA 90809	POS		Postage	\$10,993.36

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$10993.36

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

NAME OF AGENT OR INDEPENDENT CONTRACTOR
USAA Credit Card

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RoboCent, Inc. Virginia Beach, VA 23454	PHO		Robo Calls	\$1,195.40
PromotionChoice.com Rancho Santa Fe, CA 92067-0317	LIT			\$2,144.54
Costco Lakewood, CA 90712	CMP			\$899.83
TWILIO INC San Francisco, CA 94105	WEB		Media & Texting Minutes	\$1,000.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5239.77

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

NAME OF AGENT OR INDEPENDENT CONTRACTOR
USAA Credit Card

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TWILIO INC San Francisco, CA 94105	WEB		Media & Texting Minutes	\$1,000.00
TWILIO INC San Francisco, CA 94105	WEB		Media & Texting Minutes	\$20.00
TWILIO INC San Francisco, CA 94105	WEB		Media & Texting Minutes	\$1,000.00
TWILIO INC San Francisco, CA 94105	WEB		Media & Texting Minutes	\$1,300.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3320.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 07/01/2020
through 09/19/2020

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

NAME OF AGENT OR INDEPENDENT CONTRACTOR
USAA Credit Card

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
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LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TWILIO INC San Francisco, CA 94105	WEB		Media & Texting Minutes	\$1,200.00
TWILIO INC San Francisco, CA 94105	WEB		Media & Texting Minutes	\$1,000.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2200.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET (May be a negative number)

** If Required

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 07/01/2020
through 09/19/2020

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
EFREN MARTINEZ FOR ASSEMBLY 2020

I.D. NUMBER
1385379

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$00

Schedule I Summary

1. Increases to cash of \$100 or more this period.....
- \$00
2. Unitemized increases to cash under \$100 this period.
- \$00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
- \$00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the
Summary Page, Line 14.).....
- TOTAL \$00

Memo Reference: NON642
IN KIND-BACKPACKS

Memo Reference: NON643
IN KIND-WHITE CLOTH MASKS
